

MAIL THE TOP TWO COPIES TO YOUR <u>LOCAL</u> HEALTH DEPARTMENT					
VIRGINIA DEPARTMENT OF HEALTH Confidential Morbidity Report					
Patient's Name (Last, First, Middle Initial):			SSN: _____ - _____ - _____		
			Home #: () _____ - _____		
Patient's Address (Street, City or Town, State, Zip Code):			Work #: () _____ - _____		
			City or County of Residence		
Date of Birth:	Age:	Race: 9 Asian/Pacific Islander 9 White 9 Black 9 Other (specify):		Hispanic: 9 Yes 9 No	Sex: 9 F 9 M
DISEASE OR CONDITION:				Case Status: 9 Confirmed 9 Suspected	Date of Onset:
Date of Diagnosis:	Death: 9 Yes 9 No Death Date:		Influenza: (Report # and type only. No patient identification). Number of Cases: Type, if known:		
Physician's Name:			Phone: ()		
Address:					
Hospital Admission? 9 Yes 9 No			Hospital Name:		
Date of Admission:			Chart ID No:		
Laboratory Information and Results					
Source of Specimen:				Date Collected:	
Laboratory Test:					
Results:					
Name/Address of Lab:					
CLIA Number:					
Other Information					
Comments: (E.g., Risk Situation [Food Handling, Patient Care, Day Care], Treatment [including dates], Immunization Status [including dates], Signs/Symptoms, Exposure, Outbreak Associated, etc.)					
For Health Department Use:				Date Received:	
Name, Address, and Phone Number of Person Completing this Form:				Date Reported:	
				Check here if you need more of these forms, or call your local health department. <input type="checkbox"/> (Be sure your address is complete.)	

Please complete as much of this form as possible

Form Epi-1, 07/04

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Please report the following diseases (and any other disease or outbreak of public health importance) in the manner required by Section 32.1-36 of the *Code of Virginia* and 12 VAC 5-90-80 of the Board of Health *Regulations for Disease Reporting and Control*. Enter as much information as possible on the reporting form.

Acquired immunodeficiency syndrome (AIDS)	MENINGOCOCCAL INFECTION *
Amebiasis *	MONKEYPOX *
ANTHRAX *	Mumps *
Arboviral infection (e.g., EEE, LAC, SLE, WNV) *	Ophthalmia neonatorum
BOTULISM *	OUTBREAKS, ALL (including foodborne, nosocomial, occupational, toxic substance-related, waterborne, and other outbreaks)
BRUCELLOSIS *	PERTUSSIS (Whooping cough) *
<i>Campylobacter</i> infection *	PLAGUE *
Chancroid *	POLIOMYELITIS *
Chickenpox *	PSITTACOSIS *
<i>Chlamydia trachomatis</i> infection *	Q FEVER *
CHOLERA *	RABIES, HUMAN AND ANIMAL *
Creutzfeldt-Jakob disease if <55 years of age *	Rabies treatment, post-exposure
Cryptosporidiosis *	Rocky Mountain spotted fever *
Cyclosporiasis *	RUBELLA (German measles), including congenital rubella syndrome *
DIPHTHERIA *	Salmonellosis *
DISEASE CAUSED BY AN AGENT THAT MAY HAVE BEEN USED AS A WEAPON	SEVERE ACUTE RESPIRATORY SYNDROME (SARS) *
Ehrlichiosis *	Shigellosis *
<i>Escherichia coli</i> O157:H7 and other enterohemorrhagic <i>E. coli</i> infections *	SMALLPOX (Variola) *
Giardiasis *	Streptococcal disease, Group A, invasive *
Gonorrhea *	<i>Streptococcus pneumoniae</i> , invasive if <5 years of age *
Granuloma inguinale	Syphilis (report PRIMARY and SECONDARY syphilis by rapid means) *
HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE *	Tetanus
Hantavirus pulmonary syndrome	Toxic shock syndrome
Hemolytic uremic syndrome (HUS)	Toxic substance-related illness
HEPATITIS A*	Trichinosis (Trichinellosis) *
Hepatitis B (acute and chronic) *	TUBERCULOSIS, ACTIVE DISEASE (MYCOBACTERIA *~)
Hepatitis C (acute and chronic) *	Tuberculosis infection in children age <4 years
Hepatitis, other acute viral	TULAREMIA *
Human immunodeficiency virus (HIV) infection *	Typhoid fever
Influenza *¶	Typhus *
Kawasaki syndrome	UNUSUAL OCCURRENCE OF DISEASE OF PUBLIC HEALTH CONCERN
Lead - elevated blood levels *	VACCINIA, DISEASE OR ADVERSE EVENT *
Legionellosis *	Vancomycin-resistant <i>Staphylococcus aureus</i> *
Leprosy (Hansen's disease)	VIBRIO INFECTION *
Listeriosis *	VIRAL HEMORRHAGIC FEVER *
Lyme disease	YELLOW FEVER *
Lymphogranuloma venereum	
Malaria *	
MEASLES (Rubeola) *	

UPPER CASE indicates conditions that must be reported rapidly to the local health director via telecommunication. Report all other diseases within three days of suspected or confirmed diagnosis.

* These conditions are reportable by directors of laboratories. These and all other conditions are reportable by physicians and directors of medical care facilities as well.

¶ Physicians and directors of medical care facilities should report influenza by number of cases only (report total number per week and by type of influenza, if available).

~ AFB on smear, speciation, and drug susceptibility.

Virginia Department of Health
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